Nova Scotia

VICTORIA GENERAL HOSPITAL

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Annual Report for the fiscal year ended MARCH 31, 1981

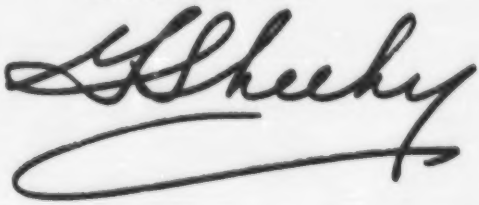
TO:

The Honourable John E. Shaffner
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the period April 1, 1980 to March 31, 1981.

Your Obedient Servant



G. Sheehy
Minister of Health

Halifax, Nova Scotia
March 1981

101-03388/

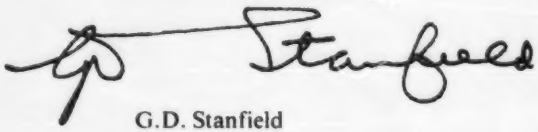
TO:

The Honourable Dr. G. Sheehy
Minister of Health
Province of Nova Scotia
Halifax, Nova Scotia

Dear Mr. Minister:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 114th Annual Report of the Victoria General Hospital covering the period April 1, 1980 to March 31, 1981.

Respectfully submitted,



G.D. Stanfield
Chairman
Board of Commissioners
Victoria General Hospital

EXECUTIVE DIRECTOR'S REPORT

TO:

Mr. G.D. Stanfield, Chairman
Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. Stanfield:

I have the honour of submitting the 114th Annual Report of the Victoria General Hospital for the period April 1, 1980 to March 31, 1981.

During the past year, hospital management and clinical staff have been concerned with improving patient services and dealing with a shortage of available nurses. The Board of Commissioners and the Administrative staff have been concerned with measures to control expenditures, particularly use of energy in the Hospital. The Board of Commissioners has initiated a reorganization of its activities with emphasis on the relationship of the Hospital to the various Departments of Government and on planning for expanded ambulatory care facilities and integration with programs carried out at the Halifax Infirmary and Camp Hill Hospital. Some highlights of Hospital activities are given under the several headings to follow. Some details may be found in the reports from departments.

Patient Services

Large hospitals offering high technology medicine suffer from dehumanization of care; an awareness of this prompted changes hoped to reduce this circumstance wherever possible. There were individual improvements in services offered throughout the Hospital. Some services were improved through reorganization; a transplantation unit was established combining efforts of the Departments of Medicine, Surgery and Urology. This unit, located on 8N, will make one of Canada's largest renal transplantation programs more effective in obtaining donors and in post operative management of patients. A program to provide for the special needs of women patients with cancer has been developed by the Department of Gynaecology, in cooperation with a number of support services throughout the Hospital; this program should lead to the establishment of an organized oncology unit.

Coordination of nursing staff in the Department of Neurosurgery improved coordination of admissions and education of neurosurgical

nurses in the three graded treatment areas and their special operating room.

The Nursing Department developed a model system for the planning of patient care. There was an acute shortage of available nurses during the year and special recruiting efforts were organized and carried out. In spite of active recruiting, the nursing shortage contributed to a reduction in hospital admissions. This reduction was ameliorated somewhat by a decrease in the average length of stay from 14.2 to 13.8 days. The overall occupancy rate for available beds was 95.8 per cent. Such high rates made it increasingly difficult to provide any flexibility required for unexpected events. Efforts were made to reduce the number of transfers of patients from one bed to another.

Improvements in meeting the psychosocial needs of patients were made by the members of the Nursing Department and other services such as the Hospital volunteers and the Chaplaincy. The nursing education group and audiovisual services undertook planning of a patient education program. Although the Hospital does not ordinarily deliver babies, a patient with a heart disorder delivered a healthy baby girl to the delight of all of the participating hospital staff.

Ambulatory Care

F. Lefebre has shown that patients over 65, who now occupy 30 per cent of all Canadian hospital beds, will occupy all current beds by the year 2030 if changes are not made in methods of delivery of care. Increased use of ambulatory facilities may offer a partial solution to this forth-coming problem.

Planning and implementation of new facilities for ambulatory care progressed during the year. The Premier of Nova Scotia, the Honourable John Buchanan, turned the sod beginning construction of a new Ambulatory Care Centre. The first building bearing the name Victoria General Hospital was demolished to provide space for the new Centre. This Centre will house the services and personnel currently providing clinics and will be the home of the Nova Scotia Cancer Treatment and Research Foundation. This Centre reflects an increase in emphasis on the delivery of health services on an ambulatory rather than on an in-patient basis. This trend has resulted in more than one-half of the surgery currently carried out at this Hospital being done on a day surgery basis without admission to general hospital beds. Improvements in ambulatory care services were made along with temporary reorganization of clinics in the Nurses' Residence. New methods for the treatment of skin disorders were expanded and a program to establish continuous peritoneal dialysis as a replacement for hemodialysis

was undertaken.

Other outreach activities include use of a hostel at Point Pleasant Lodge for patients receiving services available in the Hospital, the establishment of satellite programs in cancer treatment in Cape Breton, and a cooperative venture with the Victorian Order of Nurses who provide post hospital visits to patients recovering from myocardial infarction.

Developments in ancillary services available to in-patients and out-patients during the year included the provision of a wholebody scanner using computer assisted tomography. Diagnostic methods revealing specific organism causing atypical pneumonia in the province was improved. The ability to identify biological chemicals in tissues was increased, and methods to identify uranium contaminated drinking waters and to study common coagulation disturbances were further developed.

The more than 3,000 hospital staff members were provided with occupational health and preventative health services through the Occupational Health Department.

Management Engineering and Automation

Several initiatives were taken to study and revise information systems. The major project during the year involved some 100 managers. In cooperation with an external consulting firm, the generation and flow of information associated with each of the Hospital's Departments' objectives were studied, organized conceptually, and correlated between departments. Problems and opportunities for computer assisted process and information flow were identified and some 35 specific hospital application systems were identified and described. An overall strategy for the implementation of automated hospital information has been proposed.

Factors contributing to late reports, which tend to lengthen hospital stay, have been examined and recommendations for change will be implemented. The evaluation of the potential benefits of word processing equipment has been reviewed, particularly in its use for maintenance of medical records. The use of small computers to assist the planning of diets was initiated. A plan was developed for the implementation of a computer application in controlling patients' admission and discharge. Improvements were made in materials management resulting in a reduction of net error factor to 0.09 per cent. Improvements were made in pharmacy inventory and the development of a new hospital formulary was undertaken.

Evaluation and Control Measures

The Victoria General Hospital is moving toward increased clinical appraisal; this is a method of comparing clinical care to a set of desirable standards set by all physicians giving specifically studied treatments. During the year, 34 clinical approaches were studied by the medical staff with the assistance of personnel in Medical Records. The Nursing Department increased efforts to coordinate through the establishment of nursing grand rounds. Changes in the Hospital Act modified controls on patients so that more severe psychiatric illnesses were dealt with in the Hospital. Studies were carried out on the appropriateness of psychiatric referrals and on certain aspects of suicide.

A system of triage was established in the emergency room; this system altered the waiting time according to the urgency of the patient's disorder. In addition, a cooperative admissions triage was begun between the Victoria General Hospital and Camp Hill Hospital.

Inventory control measures the increase through the value of items was held to two per cent, although there had been a general increase of 12 percent for goods purchased. The provision of services by Occupational Health reduced the direct costs of occupational accidents by 50 per cent throughout the Hospital.

Planning and Coordination

The sharing of emergency admissions with Camp Hill resulted in 18 per cent of patients admitted from the emergency room being placed in Camp Hill.

During the year Ophthalmology and Ear, Nose and Throat (ENT) services were centralized at the Halifax Infirmary. Consultative services and some examining room facilities remained at the Victoria General Hospital but all admissions to these services occurred at the Halifax Infirmary.

An ongoing planning group established detailed procedures and policies for use in the new Ambulatory Care Centre.

In cooperation with the Civil Service Commission, a new management classification system was examined. New job descriptions were established for every manager. This system is being implemented.

Education

The role of the Nursing School was reviewed with the Department of Health

and the School of Nursing at the Halifax Infirmary. The Victoria General graduated 88 students in the 88th class since the school began in 1893. More than 350 physicians in training, including medical students, clinical clerks, interns and residents received training at the Hospital through the affiliated Dalhousie University programs. The School of Allied Health Workers, centered in the Hospital, increased coordination and continued to train and graduate students in radiation therapy, radiology, cytology, respiratory therapy and dietetics, despite dislocations caused by construction of the new Ambulatory Care Centre.

The Hospital and the Province are indebted to the initiative and dedication displayed by Hospital staff. On their behalf, I thank all those Departments mentioned in this overview, and the many other deserving sections, for their continuing efforts.

M.A. MacAulay, M.D., F.R.C.P.(C)
Executive Director

STATISTICAL SUMMARY
April 1, 1980 - March 31, 1981

Bed Capacity	815
Total Admissions	18,997
Average Daily Occupancy	87.6
Average Days Stay	12.4
Total Patient Days	236,962
Emergency Department - Visits	43,787
Ambulance Calls	4,961
Out-Patient Department Visits	39,064
Blood Gases	43,115
Cardiac Catherization	1,207
Major Catherization Procedures	
Other studies, i.e. pacemaker insertion, His Bundle Electro-cardiography, pericardiocentesis, etc.	
Echocardiograms	2,044
E.C.G. Lab	
Holter Monitoring and Interpretation	1,155
Electrocardiograms	32,355
E.E.G. Lab Procedures	1,199
E.M.G. Lab	
Patient Visits	957
Needle Examinations	867
Nerve Conduction Studies	2,342
G.I. Function Lab	
Function Tests	429
Biopsies and Washings	490
Endoscopies	1,543

Leukocyte Unit Procedures	160
Occupational Therapy Attendances	9,011
Physiotherapy Attendances	55,129
Pulmonary Function Studies	1,270
Respiratory Technology Unit	
Nebulizer Therapy	3,612
0_2 Therapy	3,016
Aerosol Therapy	1,249
Ventilation Therapy	1,768
Carbon Dioxide Therapy	1,687
Cardiac Arrests	251
Renal Dialysis Unit	
Chronic Dialysis Procedures	3,329
Home Dialysis Unit	
Number of Patients Started on Home Training	13
Number of Dialysis Procedures	350
Microbiology - Specimens Examined	232,230
- S.C. Units	10,799,308
Haematology - Tests	825-672
- S.C. Units	6,832,711
Anatomical Pathology -	
- Autopsies	463
- Surgical Cases	23,797
- Frozen Sections	713
- Consults	892
- Total Workload in S.C. Units	3,012,180
Cytopathology - Tests	75,934
- S.C. Units	1,634,067
Diagnostic Radiology Examinations	167,366
Radiation Oncology Examinations	26,464
Pharmacy - Prescriptions Filled	118,000

Dietary Department - Meals Served	2,271,674
Sterile Supply Service - Trays, Sterilizing, Services	1,338,705
Laundry Department - Pounds Proces	4,169,121
Oral Surgery - Procedures Done	13,799
Anaesthetics Administered	22,013
Number of Operations	21,800
Social Service - Units of Service	69,337
V.O.N. - In-patient Referrals	1,240
- Follow Up	59

Board of Commissioners

Dr. B.W.D. Badley
Mr. David W. Hatt
Miss Sharon Lloy
Prof. R. Graham Murray
Mr. Wayne C. Paterson
Dr. Gordon D. Stanfield
Mrs. Margaret Davison
Mr. William W. Hirtle
Mrs. F. MacGillivary
Dr. D.B. O'Brien
Mrs. Gloria L. Quigley
Mr. David Zive

Administrative Staff

M.A. MacAulay, M.D., F.R.C.P. (C), Executive Director
J.H. Gillies, M.D., Medical Director
D.M. McNaughton, C.D., B.A., M.H.A., Administrative Director
Mrs. M. Grantham, R.N., M.Sc. (A), Director of Nursing
H.J. Churchill, Director, Finance and Personnel
Mrs. J. Magee, R.N., B.Sc.N., Director, School of Nursing
C.F. Matheson, Director, Special Projects
J.C. Theriault, B.A., B. Comm., D.H.A., Administrative Coordinator (Non-Medical)
Miss M.T. Gillis, R.N., B.Sc., Administrative Coordinator (Medical)
N. Merchant, M.D., Acting Coordinator, Emergency Medical Services
Miss J.A. Stewart, B.Sc., P.Dt., Director, Dietetics
R.E. Buckley, B.Sc., M.B.A., Personnel Manager
E.R. Ells, Accounting Manager
Miss Grace Burke, R.N., Supervisor, Emergency Department
Mrs. G.I. Grant, R.N., S.Sc.N., Supervisor, Out-Patient Department
R.H. Arthur, B.E.E., Plant Engineer
W.C. Houlihan, Coordinator, Materiel Support Services
W.D. Avery, Chief Fire and Security Officer
R. Merrett, B.Sc. Phm., M.Sc.Phm., R.P.E.B.C., Director, Pharmaceutical Services
Miss P. MacDonald, B.A., Dip. S.W., M.Sc. (SocAdm.), A.C.W.S.W., R.S.W., Director, Social Services
Mrs. C. McCarthy, R.N., B.Sc.N., Chief Operating Room Supervisor
Miss C. Nicholson, C.C.H.R.A.(C), Head, Medical Records Department
Miss M. Wamboldt, R.N., Supervisor, Admission and Discharge Department
Mrs. Joyce Kublin, Coordinator, Health Sciences Library
D.T. Janigan, M.D., C.M., Head, Department of Pathology
J.H. Cooper, M.B., Ch.B., F.R.C.(Path), F.R.C.P.(C), Deputy Head, Department of Pathology
J.T. Hindmarsh, M.D., F.R.C.P.(C), M.R.C.(Path), Director, Clinical Chemistry (resigned July 1980)

H.C. Read, M.D., C.M., F.A.C.P., F.R.C.P.(C), Director, Haematology
G.E. Bisson, F.R.C.S.(C), Director, Cytopathology
A.I. Bernardo, M.D., Associate Pathologist, Cytopathology
K.R. Rozee, M.Sc., Ph.D., Dip. Bact., Head, Microbiology
G. Digout,B.Sc., Dip. Bact., Div. Chief Technologist, Microbiology
E.V. Haldane, M.D., F.R.C.P.(C), Director, Medical Microbiology
R.S. Faulkner, M.Sc., Ph.D., Dip. Bact., Director, Virology
R.S. Martin, B.Sc., Ph.D., Dip. Bact., Director, Public Health Bacteriology
J.S. Gibson, L.C.S.L.T., F.I.M.L.T., Div. Chief Technologist, Anatomical Pathology
T. Boutilier, A.R.T., Div. Chief Technologist, Clinical Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Haematology
Z. Pinto, M.D., F.R.C.P.(C), Associate Haematologist
Rev. Blair Lewis, Coordinator, Chaplaincy Services

DEPARTMENT OF ANAESTHESIA

The Department of Anaesthesia at the Victoria General Hospital is the largest of the hospital departments of anaesthesia affiliated with the Dalhousie University Department of Anaesthesia training program. The other hospitals involved with the training program are the Halifax Infirmary, the Grace Maternity Hospital, the Izaak Walton Killam Hospital for Children, Camp Hill Hospital and Saint John Regional Hospital, Saint John, New Brunswick. In addition, the Department of Anaesthesia, C.F.B. Stadacona, participates in University and Hospital functions. In all, there are 46 staff anaesthetists in the University Department. The 22 anaesthetists based at the Victoria General Hospital are also responsible for anaesthesia services at the Grace Maternity Hospital and Dartmouth General Hospital.

According to the *Report of the Working Party in Anaesthesia to the Requirements Committee on Physician Manpower, 1974-1975,* anaesthesia is the specialty of medicine primarily concerned with the prevention of pain and with life support during surgical intervention. Anaesthetists undertake the following aspects of patient care:

Preoperative evaluation and preparation in the assessment of risk and the choice of anaesthetic technique and agent for the contemplated surgical procedure;

Rendering the patient insensible to pain during operative procedures and provide life support during this and the immediate recovery period;

Obstetrical analgesia-anaesthesia and resuscitation of the new-born;

Care of unconscious patients from whatever cause;

Management of problems in pain relief;

Resuscitation of patients with acute respiratory and-or circulatory failure;

Participation in team care of patients in acute care units with special reference to respiratory and cardiovascular support, and management of electrolyte and acid base disturbances; and

Teaching of the principles of anaesthesia to medical and allied health students where appropriate, in the community as well as in teaching hospitals.

The anaesthesia staff in Halifax, including those based at the Victoria General Hospital, are meeting these objectives. The quality of clinical services and the reputation of the training program remain high. We appreciate the assistance given us by the University, the Hospital and our surgical and medical colleagues in order to allow us to retain this status.

The volume of clinical service is seen below:

Clinical Practice

	1976	1977	1978	1979	1980	1981
General	18,447	18,423	18,403	17,820	17,306	17,090
Spinals	158	63	66	59	81	109
Nerve Blocks	250	347	493	583	659	18,033
TOTAL	18,855	18,833	18,962	18,462	18,046	18,033
Change over previous year	+1,319	-22	+129	-500	-416	-13
Local Anaesthetics	4,150	4,062	4,309	4,097	3,967	3,954
TOTAL	23,005	22,895	23,271	22,559	22,013	21,987

ADMISSION AND DISCHARGE DEPARTMENT

In the Admission and Discharge Department there was a 2.2 per cent decrease in the total number of admissions compared to last year, with a one per cent decrease in the daily patient census. This is because of a 10 per cent decrease in routine hospital booked admissions coupled with fluctuating numbers of bed closures since November, 1980.

The discharge hour was revised in June, 1980 from 1300 to 1100 hours. However, compliance is poor at 34 per cent and patients continue to have a lengthy wait in the Admission Department.

The Day Patient Program Committee expanded the patient form to an eight page chart.

A proposal is in the final stages for a computerized Admission-Discharge-Transfer system operational in both the Admitting and Emergency Department. Physical changes as well as functional changes have been proposed for both departments to improve patient flow and internal work functioning.

Bed Capacity - 815

Average Daily Patient Census - 644.1
Daily Percentage of Occupancy - 87.6%
Total Admissions - 18,997
Total Discharges - 18,315
Total Deaths - 715
Total Transfers - 11,214
Total Processed through Day Patient Program - 8,612

AUDIO VISUAL DEPARTMENT

There has been continued expansion in the use of audio visual aids by the staff during the last year, indicating that hospital staff has become aware of the services available and is satisfied with the finished product. To familiarize staff with the audio visual department, we intend to distribute a booklet with information on location, available services and equipment, priorities, and department policies.

Attempts are being made to resolve problems of shortages of staff and equipment.

Statistics:

No. of requisitions processed	892
No. of patients photographed	641
No. of black and white-colour slides processed	2,700
No. of overhead transparencies distributed	2,486

DEPARTMENT OF BIOMEDICAL ENGINEERING

In 1980 the staff complement of the Biomedical Engineering Department increased by two additional Electronics Technologists, to eight. This allowed the department to address better the programs introduced during the previous year, particularly the preventive and safety inspection programs.

The introduction of new programs and additional staff has led to considerable overcrowding within the existing facilities. A block of space has been allocated to the department in the Ambulatory Care Centre now under construction. This new area is considerably larger than the existing facility and will provide the Department with additional space and new facilities. Plans for the new facility are nearly complete and should satisfy the requirements of the department for the foreseeable future.

During the year, capital expenditures of approximately $170,000 resulted in the replacement of all cardiac monitoring equipment located in

the Emergency Department and several other fixed and portable cardiac monitors in various other areas. These purchases, along with additional instrumentations purchased by other hospital departments, necessitated incoming safety inspections, documentation and performance certification of over 400 instruments.

The increased complexity of equipment, along with escalating prices for parts and supplies, has led to a dramatic increase in expenditures for these items during the past year. During 1980 the department placed an average of two orders per day for parts, supplies and services, at a total yearly cost of over $90,000. This represents an increase of approximately 70 per cent over the previous year. Twenty-five per cent of this increase is attributable to price increases, while the remainder is due to the increased use of high technology equipment.

CHAPLAINCY SERVICES DEPARTMENT

In 1973 the Chaplaincy Services Department was established at the Victoria General Hospital. The eight members of this department serve this Hospital wholly or as part of their responsibilities as fulltime hospital chaplains, appointed and financed by their various denominations.

In addition to the fulltime hospital chaplains, there are several associate chaplains, officially designated by their denominations as hospital visitors. The Chaplaincy Services Department is responsible to the Board of Commissioners through the Medical Director.

The chaplains make initial visits, follow-up visits and pre-surgery visits to patients of their respective denominations. They also respond to referrals from hospital staff, family members and clergy from pastoral charges throughout the Maritime Provinces. The chaplains participate in or conduct orientation sessions with new hospital staff and take part in case conferences with other hospital staff.

Religious Services are conducted by the members of the department within and for the hospital community. The sacraments of the various denominations are available on request.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Department statistics show a 4.3 per cent increase in total examinations in 1980 compared to 1979: that is, 160,532 in 1979 and 167,366 in 1980. Nuclear Medicine examinations were 8,150 in 1979 and 9,181 in 1980, showing a 12.7 per cent increase.

The new EMI CT Body Scanner installed in April 1980 operated for five months but was immediately returned when EMI Company went into receivership. A Philips CT Scanner is scheduled to be installed late summer 1981. In conjunction with construction of the new Ambulatory Care Centre, renovations and additions will be made to the existing west wing with installation of some new equipment. The department expects to receive a new Digital Vascular Imaging System from Philips Electronics to do clinical trials for one year at no cost to the Hospital. This unit provides a display of the arterial structures with an intravenous injection. New equipment is also being installed in the Diagnostic Centre of the D.J. MacKenzie Building in order to provide more outpatient examinations and relieve the pressure of waiting areas within the hospital department.

The department added one new radiological staff member in the past year; Dr. Bruce Flemming, a graduate of Dalhousie University.

There are 13 residents in the Diagnostic Radiological Training Program. Four residents successfully passed their Royal College examinations, again giving the University Department a 100 per cent pass rate. The Radiography Training School had a maximum of 29 students in the program in 1980. Seven senior students wrote examinations with six students successfully obtaining their Radiological Technicians Certification.

Future plans include:

Expansion of outpatient facilities in the new Ambulatory Care Centre so that most out patients will have radiological examinations in this centre; and

Improved patient waiting area facilities in the Ambulatory Care Centre for both in patients (stretchers, wheelchairs, etc.) and outpatients.

Completion of the new Ambulatory Care Centre and renovations to the west wing, projected for December 1982 or January 1983, will result in great improvements in diagnostic facilities. The department anticipates some problems in dealing with the examination workload during the phasing in period.

DEPARTMENT OF DIETETICS

As in previous years the clinical and administrative staff combined efforts to provide food of high quality.

Meals Served:	
Patients:	
In-patients, Victoria General Hospital	874,680
In-patients, Nova Scotia Rehabilitation Centre	32,428
Emergency Department	3,280
Diabetes Day Care Clinic	4,157
Renal Out-patients	4,667
	919,212
Staff:	
Scotia Room Cafeteria and Caterings	990,982
Nova Room	226,831
Nova Scotia Rehabilitation Centre Cafeteria	81,833
Operating Room Satellite Cafeteria	52,816
	1,352,462
Services: (includes instructions, consults, visits, histories)	
Clinical Dietitians In-patients	41,168
Clinical Dietitians Out-patients	6,259

In addition to daily patient food acceptance audits, a major patient meal audit was done in May 1980, the results of which were encouraging. Audits were done and reported to the Medical Clinical Appraisal Committee on Total Parenteral Nutrition and the Dietary Aspects of Diabetes.

In June 1980, Pauline Henneberry graduated in the Good Service Supervisor Training program at the Nova Scotia Institute of Technology. Others recommended for the course were Mona Yakimchuck, Suvella Hamilton, Roger Maillet and Susan Grouse.

The Halifax Infirmary - Victoria General Hospital Diet Manual was revised by the Victoria General Hospital Dietary Department staff in conjunction with the Department of Health (Institutions) and the Nova Scotia Dietetic Association. Various approvals and printing arrangements are in process.

Staff participated in a number of workshops at hospitals and centers across Canada.

Several dietitians and students attended "Lupid Metabolism" lectures coordinated by Dr. Cousins, Clinical Chemistry; the lectures were part of a pathology course offered at Dalhousie University. Others attended the "Labor Relations" seminar, and the Kodak Seminar on "The Management of Change" with Dr. Mary Anita Power.

Workload Measurement -- A "Time Analysis" of Clinical Dietitians time was completed in October-November, 1980 as a preliminary step to reallocate dietitians from geographical units to various combinations of medical and surgical services. The concept of "D Units" was developed as a possible workload indicator for the clinical dietitians. Reallocation took place November 24, 1980.

Computer -- Basic nutrition calculations were made possible this year by a "homemade" program on the "PET" computer housed in the Dietetic Library. Another objective of this program was to make staff familiar with the workings of the computer. A more comprehensive program is being sought.

Nutrition Days -- Nutrition Days 1980 were a huge success. Displays featured Bran and Fibre, Vegetarianism, Caffeine and Popaholism, Natural vs Organic Additives, Calcium, Budgeting and Dieting.

Bernard and Associates -- A comprehensive situational analysis and study by Bernard and Associates Consultants was carried out to assist with overdue upgrading of the dietary department.

Lectures to the Community by Staff Members -- Lectures were given to the Nova Scotia Heart Foundation, Nova Scotia Food Service Supervisors, Cable Television, Nuclear Medicine (Nova Scotia Group) and TOPS (Take Off Pounds Sensibly).

Hospital Committees -- Several members of the dietary staff belong to various hospital committees such as: Nursing Audit, Nursing Research, Medical Clinical Appraisal Hospice Committee, Safety Committee, Meal Card Committee, Aesthetics Committee, V.G.R.A., D.C.A.A.C. Management T and D., E.D.A.A.C. Task Force Absenteeism, plus committees in the Dietary Department.

Dietetic Internship Program -- The program accepts ten students per year from Canadian universities offering a major in Foods and Nutrition. Two graduates of this year's program proceeded to further study: Joanne MacDonald was accepted into Medical School, Dalhousie University; and Marjorie MacDonald was accepted into Dentistry, Dalhousie University.

DEPARTMENT OF GYNAECOLOGY

General Statistical Information

Number of In-patients Treated	2,103
Average Patient Stay	6.8%

Number of Major Operations	707
Number of Minor Operations	703
Number of Termination Pregnancy Patients	1,291

Full information concerning the various diagnoses, rates of complication, categories of malignancy patients, and other information is available on request through the department office. Comparative figures are available for subsequent years.

The department maintains a full teaching program for medical residents, interns and students and nurses from the Victoria General Hospital training school. Students from many other institutions have short experiences provided within the department.

Division of Gynaecologic Oncology

This division, an integral part of the Department of Gynaecology, is directed by Dr. Robert C. Fraser. Active diagnostic, disposition and follow-up tumour clinics are functioning and are closely correlated with in-patient diagnostic treatment and chemotherapy services. Close affiliation is maintained on a continuous basis with the Department of Radiotherapy. The division collaborates with the National Cancer Institute's Ovarian Malignancy Studies and local studies on treatment outcomes and epidemiology are underway with regard to cervical and endometrial carcinoma. An active trophoblast register is maintained.

Rounds and Meetings

Regular weekly Wednesday morning academic rounds are held. The University Department, in conjunction with the hospital department, meets each month and the hospital department meets in addition three or four times during the year.

Future Plans

With closure of the old out-patient building, out-patient clinics will be held within the 5 Victoria area until the new Ambulatory Care Centre is opened. Plans for upgrading some of the facilities in 5 Victoria have been accepted.

HEALTH SCIENCES LIBRARY

The Health Sciences Library has experienced some changes during the past fiscal year, especially in staffing. Frank Oran, who left the hospital in December 1980 to take on a new position at the Nova Scotia Provincial

Library, was replaced in March 1981 by Joyce Kublin, previously with the Nova Scotia Department of Health.

The use of a jobber to handle all subscriptions to periodicals is finally beginning to lighten the burden on library staff and improve services to departments. New capital equipment such as the new Kardex cabinet for checking in journals, is also important.

Progress has been made in designing the Health Sciences Library in the Ambulatory Care Centre. There will be an expanded office area and technical services, a separate reader area for audio-visual users, a lounge area displaying new periodicals, and expanded areas for reference, periodicals, books and readers.

Changes planned for the present Health Sciences Library in 1981-82 include: expanded office space for library staff; an expanded telephone system; rearrangement of the present collection of books for expansion; expansion of the periodical collection to house four years of back issues; inventory of the present book collection; updating and expansion of the book collection to include management materials so that the library may serve management staff as well as medical staff.

The library will expand the types of services offered to patrons. In the past the library has offered routing of periodicals, circulation of books in its own collection and interlibrary loans. Consideration is being given to computer databases: Medline, Toxline and many others; as well as SDI (Selective Dissemination of Information) profiles available through the National Library and CISTI (Canadian Institute for Scientific and Technical Information) for individuals with ongoing special interests.

Statistics:

Circulation	328 books and journals loaned-month
Users	1,024 users-month
Journals received	71-month
Reference inquiries	24-month
Interlibrary loans	42-month
Literature searches	8-month

Acquisitions (new Books):

Library	161
Departments	726

Budget 1980-81

Books and subscriptions . $12,082

MATERIEL SUPPORT SERVICES

General

Based on customer reports, Materiel Support Services continued to provide adequate service in all areas of responsibility during this period.

Emphasis continued to be placed on Cost Containment by all management and the work production report system continued to be developed.

Stocktaking

Stocktaking was carried out as scheduled. A total of 6,164 items valued at approximately $2,000,000 were counted. As the value of inventory items processed during the year amounted to $7,839,353, the net error factor was .09 per cent.

Inventory Control

As a result of increased prices the total amount spent on procurement of supplies increased markedly during this period. Emphasis placed on Cost Containment resulted in an increase in the value of inventory of only two per cent. Since prices increased at an average rate of 12 per cent an improvement was achieved.

Stores Department

Lack of adequate storage space still creates a major problem. This problem was aggravated by the demolition of the Jubilee Building and West Annex which reduced available storage space by more than 2,000 square feet.

A production reporting system was started to establish production standards and measure effectiveness.

Printing and Stationery

No significant change in production was noted in this area. Production records indicate a total annual volume of 7,203,514 impressions.

Porter Escort Services

The workload of this service continues at a high level and staff is fully utilized. Improved effectiveness is still the goal for this area and is being

achieved by a continuing staff training program and constant reviews of scheduling patterns.

Laundry

Production records indicate a levelling off of workload which has stabilized at an average 85,000 pounds of laundry processed per week.

Management personnel of this department continued to maintain their professional qualifications by attending a three-year course conducted by the Canadian Laundry and Linen College at the University of Guelph, Ontario.

Fixed Assets

A major project completed during this period ensured hospital records of fixed assets were maintained. This project was hampered by the involvement of this section in a temporary move of departments which resulted from the demolition of the Jubilee Building and the West Annex.

MEDICAL RECORDS DEPARTMENT

In 1980-81 the Medical Records Department received and processed the records of:

In-patients	19,051
Out-patients	39,064
Day Surgery Patients	9,568
Emergency Patients	43,787
	111,470

The records of patients were requisitioned by and sent to the following areas:

In-patients	6,135
Out-patients	50,023
Tumor Clinic	2,860
Emergency	7,685
Doctors' Offices	2,203
Other	4,760
	73,666

There were 4,490 requests (by mail, telephone and in person) for patient information from other health care facilities, doctors' offices, lawyers, insurance companies, government agencies, etc.

Discharge summaries and operative reports were transcribed, copied, mailed and-or filed as follows:

	Reports	Units
Discharge Summaries	18,394	101,904
Operative Reports	11,167	39,456
	29,561	141,360

There are 130 research projects involving 10,937 records.

There were 85 major requests for statistical data.

Data collection and tabulation was carried out for 34 clinical appraisals.

There were 11 records required under court order, ten Notice of Examinations (Discoveries), one Section 65,5(E) Hospital Act, and seven search warrants.

This was accomplished with 44 approved staff.

Clinical Appraisal

The Chairman of the Clinical Appraisal Committee and the Medical Director determined the need for a full time Clinical Appraisal Officer to support the Committee. A senior health records analyst on staff in the Medical Records Department was appointed to this position.

Late Reports

The Task Force on Late Reports, with backing of hospital administration, determined that the problem was extensive enough to require a management engineering study. A tender was developed and advertised.

Record Control

The Medical Records Committee determined that the records of discharged patients would remain on the nursing station for 48 hours after dischage. Exceptions are Urology and Gynaecology, which remain for five days after discharge. The Department of Psychiatry was previously given permission to hold records for three days after discharge. The Nursing Service is in the process of implementing this decision. The Medical Records Department will provide feedback about how well the system is working. Interim evaluation indicates this system will be successful.

Word Processing

The Medical Records Department is in the process of evaluating word processing equipment. A literature review and telephone discussions with the Ottawa Civic Hospital indicate that at least a 30-35 per cent increase in productivity should be expected.

Zero Based Budgeting

This department, at the request of the Budget Committee, developed the 1981-82 budget using a modified Zero Base method.

DEPARTMENT OF MEDICINE

The Department of Medicine admitted 5,148 patients during the year, a reduction of 3.4 per cent from the previous year. This reduction was because fewer beds were available and affected the number of emergency admissions. However, the beds available were used more effectively: the average length of stay was reduced from 14.2 to 13.8 days and the overall occupancy rate was 95.8 per cent.

There was a similar slight reduction (3.8 per cent) in the number of patients seen in the Medical Out-Patient Clinics, 7,222 compared with the previous year. However, there was a 45 per cent increase in Occupational Therapy attendances and a 10 per cent increase in visits to the Physiotherapy Department.

Special diagnostic and patient care services increased by 6.8 per cent to 179,779. Major increases occurred n the number of blood gas studies, electrocardiograms, electromyograms, Holter monitoring procedures, endoscopies and leucophoresis procedures performed. New programs included the provision of additional ultraviolet radiation equipment for the out-patient treatment of psoriasis. Planning has begun to establish a Continuous Ambulatory Peritoneal Dialysis (CAPD) unit that will provide an additional mode of treatment for patients with severe kidney failure.

The Department of Medicine continues to be actively involved in clinical research and in teaching both undergraduate and postgraduate medical students.

DEPARTMENT OF MICROBIOLOGY

This has been a year of continued progress and development within the department. The total number of specimens has increased by 4.4 per cent,

but the increased workload is better reflected in the increase in units by 12.2 per cent. This results from the relatively greater increase in more complicated specimens requiring sophisticated and technically demanding tests, as in Electron Microscopy and parasitology, and from the introduction of new and more advanced technological methods in other areas such as Clinical and Respiratory Bacteriology Sections and in Mycology.

The department has continued to train resident physicians. One resident in Medical Microbiology, two residents in General Pathology, eight residents and eight interns from Internal Medicine, and one resident from Oral Surgery have been rotated throughout all sections. Eleven students of Respiratory Technology were given a combined lecture-laboratory course, consisting of 11 sessions, during April-May.

Considerable time has been spent in future planning for Laboratory Medicine in the metro area, both in our own hospital and in the proposed Camp Hill Complex. A preliminary study has been made by Dr. M. Noble on future computerization of worksystems for the department. With the present surge in development of automated equipment for Microbiology, various types of equipment in several of the laboratories have been assessed with a view to future introduction. Staff has continued to participate at the clinical and laboratory level in the work of the Infectious Disease Service and of Infection Control. The department also continues to act as Central Reference Laboratory for Nova Scotia. Extensive use is made of service by other laboratories in the province.

We have introduced more stringent methods of internal Quality Control in all sections, and have continued to participate in proficiency surveys from the College of American Pathologists and CDC, Ottawa, with generally very satisfactory results. We have also carried out two clinical audits during the year as part of the Hospital Clinical Appraisal program. All these programs constitute a valuable, educative form of evaluation for staff of work in the department, and will be continued.

General Statistics of Department

Number of Specimens

	1979-80	1980-81	Percentage
Clinical Bacteriology	61,119	69,729	+ 14.1
Clinical Immunology	54,825	50,573	- 7.8
Electron Microscopy	1,564	1,810	+ 15.7
Enteric Bacteriology	4,362	4,574	+ 4.9

G.C.	17,511	22,348	+27.6
Parasitology	3,241	3,808	+17.5
Mycology	4,453	5,029	+12.9
Respiratory Bacteriology	10,763	12.016	+11.6
Sanitary Bacteriology	35,195	33,436	- 5.0
Virology	29,374	28,907	- 1.6
	222,407	232,230	+ 4.4

Total Units	Total Units	Percentage
1979-80	1980-81	
7,105,750	7,917,676	+12.2

DEPARTMENT OF NEUROSURGERY

During the past year, the Department of Neurosurgery has been handling an ever increasing volume of clinical neurosurgery while maintaining its academic role in the University and Hospital setting.

In spite of closure of beds, the total number of admissions increased over previous years. This was possible through improved bed utilization and through the cooperation of many people in many departments, but specifically because of the cooperation of the Admitting Department and Shirley Stark, Neurosurgical Liaison Nurse, who assisted the Admitting Department by coordinating admissions when beds were available and who greatly facilitated the early discharge of patients. A total of 1,608 operative procedures were performed during the year.

An active teaching program continued during the past year at the undergraduate and postgraduate level. The Attending Staff continued their active role with the Division of Continuing Medical Education at Dalhousie University, providing Community Neurosurgical Sessions to practitioners in various Atlantic centres.

Weekly Neurosurgical Conferences were held in the department and a Seminar and Journal Club Program, in conjunction with Neurology, Neuroradiology and Neuropathology, was held throughout the university year at staff members' homes.

Members of the Attending Staff continued to serve on several committees of national organizations and attended meetings of the Royal College of Physicians and Surgeons of Canada, the American Association of Neurological Surgeons, the Society of Neurological Surgeons, the Congress of Neurological Surgeons and the Canadian Congress of

Neurological Sciences. Scientific papers were presented by the attending staff at these meetings.

The head of the department continued to serve an an examiner of the Royal College of Physicians and Surgeons in Neurosurgery, and was invited as guest speaker at the University of Toronto two-day symposium on the "Management of Cervical Spine Injuries".

As in the past, the Neurosurgical Nursing Staff played a prominent role in the activities of the Canadian Neurological-Neurosurgical Nurses Association. During the past year, Neurosurgical Nurses, at their own time and expense, provided day-long sessions in various regional hospitals in the province, up-grading the neurosurgical education of nurses in these areas. Along with their other activities, they have continued to provide unusually high quality of neurosurgical nursing care under increasingly stressful circumstances.

The Attending Staff contributed at Neurosurgical Nurses Seminars held at the Hospital, assisting the neurosurgical nurses to upgrade Neurosurgical Education of all the nursing staff in the department.

DEPARTMENT OF NURSING SERVICES

A major concern for Nursing Services was the high nursing turnover and a shortage of Registered Nurses. Many systems were tried., including the development of a Nurse Recruiting Office and a Nurse Recruiting Committee with the Personnel Department. Programs were initiated in cooperation with R.N.A.N.S. to reorient mature nurses returning to the workforce. Job sharing was tried on a small scale. The number of Registered Nurses interested in working on a casual basis only was increased from 150 to 250. Continuing Education staff provided orientation for well over 400 new employees in the Nursing Department, at least three-quarters of whom were Registered Nurses. In spite of these activities at least 50 beds were closed during the year.

In March 1980, the Civic Hospital closed one floor. As a result, 9B, a Nursing Unit primarily concerned with otolaryngology and opthamology nursing, became involved with oncology and neurosurgery patients. By September and October, Otolaryngology and Opthamology had moved to the Halifax Infirmary. Because of changes in the Hospital Act, the Psychiatric Unit experienced a dramatic increase in the number of acutely ill patients. The busiest services appear to be those affecting heart patients and patients having orthopedic problems. Several nursing units completed

renovations so that the most acutely ill patients could be concentrated in one room outfitted with a nursing sub-station. The private floors noticed an increase in the number of patients requiring isolation precautions. In October 1980, the Transplant Unit was opened, initially dedicated to the care of kidney transplant patients.

Nursing grand rounds were initiated with such topics as "Care of Patients Receiving Capmul Infusions as a Treatment of Gallstones". Two Hospice nurses were hired primarily for the education of Hospice volunteers and general nursing staff. A Management Development Program was initiated for new and potential Head Nurses. Nursing and other health care students received experience on all nursing units. Assistance was given to other hospitals through arranged observation or orientation programs. Patient education programs such as Hectar (Heart Education Cart for Teaching and Rehabilitation) were initiated. Our provincial program on Critical Care Nursing graduated 65 Registered Nurses from this short course.

A group of Head Nurses volunteered to set up a Blood Donor Clinic in the Victoria General Nurses Residence. Nurses with specialized skills and information volunteered their time for community speaking. Nursing Services continued its liaison program with the V.O.N. Over 1,200 patients were referred to community services.

Staff were represented on committees concerned with clinical patient care, such as the Policy and Procedure Committee, which prepared and distributed 100 new manuals this year. They were also on many administration and education oriented committees.

A Nursing Research and Development Unit was established. One of its major responsibilities will be the Quality Assurance Program and, in particular, the Nursing Audit. Nurses participated in a variety of research projects, such as the Hyperalimentation Study, the Indewelling Urinary Catheter Study, and a study of Stress on Patients Hospitalized for Open Heart Surgery.

Nursing Administration undertook a major review and revision of the present system of management information in preparation for computerization.

Nursing Services maintains a professional liaison with Nursing Staff in the Vascular and Cardiac Cath Unit of the X-Ray Department, with the G.I. Lab, Oral Surgery, Radiation Oncology, Hemodialysis Unit, as well as Tumor Clinic, Out-Patients Department, and Occupational Health Ser-

vices. Administration of the Operating Room and the Emergency Department come under Nursing Services.

OPERATING ROOM

The total number of surgical procedures performed during the fiscal year was 21,800. This is down by 1,269 cases from the previous year because of the shortage of Nurses, necessitating a cut-back in the number of procedures performed after 1500 hours.

The Department of Ophthalmology was discontinued and Otolaryngology Services decreased considerably.

In order to provide better service to the Orthopaedic Department, a permanent Nurse Aide was assigned to look after equipment and supplies.

Unfortunately, we were unable to participate in the elective educational period of the Victoria General Hospital students, because there was no Operating Room Instructor; however, we welcomed these students and those from other agencies on a daily basis to observe their patients throughout their operative procedures.

Tours of the Operating Room were conducted throughout the year for interested groups, including Chaplaincy Services' students, Dietetic students and Operating Room Technician students from the Halifax Infirmary.

Several Registered Nurses throughout the province spent from one to five days observing and updating their knowledge of Operating Room procedures.

A number of our nurses were able to attend the National Operating Room Nurses Conference in Toronto in April 1980, and the New Brunswick Operating Room Nurses Institute in May.

Evening and weekend workshops and seminars held in Halifax and sponsored by surgical companies proved to be very informative.

Management workshops and courses were attended by senior staff members. Various other workshops and inservice programs sponsored and held within the hospital were attended by O.R.personnel.

The Department of Public Works replaced out-dated gas lines and doors were placed between corridors leading to 11 Operating Room to prevent the public from entering the area.

EMERGENCY DEPARTMENT

This year, like the last, showed a decrease in patient workload. Some 43,787 patients were treated, a six per cent decrease from last year. Of these, 6,523, or 12.8 per cent, were admitted to the Victoria General Hospital, a nine per cent decrease.

A total of 651 patients were triaged to Camp Hill Hospital, and 641 patients were triaged to other hospitals in the metro area. The grand total of patients seen and admitted to hospital (Victoria General Hospital and others) was 7,815, or 17.8 per cent of the total.

A total of 4,961 ambulance calls were completed. Of these, 2,430 (48.9 per cent) were emergency calls, a 16 per cent decrease from the previous year, and 2,531 (51 per cent) were interhospital transfer calls, a 1.2 per cent increase.

The position of Chief Ambulance Attendant was established to assist the Medical Coordinator with administering the Ambulance Service.

In January, a system of obtaining and recording admissions and unit numbers on admitted patients was initiated with cooperation of the Admitting Department and Medical Records. It is hoped that this system will help prevent the accumulation of loose reports with records of patients admitted through the Emergency Department.

ENT and Ophthalmology examining equipment was obtained from these respective clinics for use of the Emergency Room physicians since patients with E.N.T. and eye problems continue to come to the Victoria General Hospital.

A system of triage by a Registered Nurse, from 1000 hours to 1800 hours was initiated on a trial basis in February. Triage of patients is necessary so that basic emergencies receive priority, since patients seeking non-urgent primary medical care continue to be the largest percentage of patients treated.

Statistics

Patients treated - 43,787 (6% decrease from last year)
Patients admitted - 6,523 (9% decrease from last year)
Patients triaged to Camp Hill - 651
Patients triaged to other metro hospitals - 641
Total patients admitted to hospitals - 7,815 or 17.8%
Ambulance Calls - 4,961 (2,430 emergency; 2,531 interhospital transfers)

SCHOOL OF NURSING

One hundred seventeen students (114 females, 3 males) enrolled in the program on September 2, 1980, for a total student enrollment of 214.

Eighty-eight students graduated on August 18, 1980. The class wrote the first national examinations developed according to a new blueprint for comprehensive examinations and 98.8 per cent were successful in the initial writing. It is significant to note that this pass rate was higher than both the provincial and national pass rates. (National Mean was 514; Provincial Mean - 532; School Mean - 542.)

Full implementation of the new curriculum is projected for the fall of 1981. Future development will focus on gerentology and social issues, and will continue to expand the test item bank.

Questionnaires were sent to graduates, Class of 1980 and to their employers following three months employment. Data from these questionnaires has not indicated any need for major curriculum or program revisions. It is significant to note that 90 per cent of questionnaires returned by employers indicate this school's new graduates are performing at a satisfactory level or above.

Twenty-five faculty members were sponsored to attend various continuing education seminars and workshops. As well, one faculty member completed a post graduate program in Obstetric Nursing at the Grace Maternity Hospital.

A comprehensive orientation program has been designed for new faculty. Manuals have been developed to provide for individual and self directed learning.

Faculty members have been involved in the development of standards for quality assurance and will continue in the coming year with particular emphasis on defining a model for faculty competency levels.

A new evaluation tool for documentation of students' clinical progress has received final approval by Faculty following two years of periodic evaluation and revision.

Early in 1981, the Hospital, in response to a nursing shortage, recommended to the Department of Health an increase in student enrollment for the class to be admitted in September 1981. In answer to the recommendation, the School prepared a proposal examining crucial issues

which required consideration; for example, teaching facilities, residence accommodations, etc. Recommendations included in the proposal were accepted by the Hospital and have resulted in structural changes, negotiation for expansion of learning facilities, changes in the organization chart, and faculty recruitment and appointments.

Throughout this year, the Director acted as an advisor to the Minister of Health concerning the future of the existing metro diploma nursing schools. This role will continue for the coming year.

As in the past this School and its faculty have continued to share educational experiences with colleagues in both nursing education and service through joint committee work both provincially and nationally.

OCCUPATIONAL HEALTH DEPARTMENT

Year two has been a dynamic challenge for all the staff. Expansion programs have developed rapidly and have achieved a measurable degree of success.

The **clinical service** continued to show an increase in client visits; up by an average of five visits daily to a total of 12,138. The majority were for immunization purposes and minor illness involving (in decreasing order) the skin, musculoskeletal, upper respiratory and G.I. systems. Approximately 16 per cent of clients were referred to our physician for assessment and treatment; over two-thirds by the nurses and less than one-third by self-request. Twenty-two per cent of all referrals from nursing staff were to family doctors or dentists and-or other health professionals.

Some significant statistics were:

Health advise-counselling - up 61 per cent
Immunization procedures - up 32 per cent
Health clearance to work - up to 100 per cent
(Dietary remained constant)

This year the Victoria General Recreation Association was formed. The Coordinator is also the Program Coordinator to ensure that **fitness and recreation activities** are safe and healthy for the over 200 participants in activities ranging from noon exercise classes to a family bowling day.

The **Work Accident-Occupational Illness** management program addressed a total of 793 reported incidents; 59 per cent of these cases were treated in the department, the majority of the remainder in Emergency when Occupational Health was closed. Nearly 50 per cent of the cases in-

volved direct cost including lay-off and-or Workers' Compensation Medical Aid or Benefits. Unfortunately, reductions in reported incidents have not been affected; however, decreases in direct cost by approximately 15 per cent and in work areas reporting incidents have been affected. Frequency of occurrence in decreasing order included abrasions-contusions, needle punctures, lacerations and back injuries. Needle punctures were the "costliest" accidents.

Department personnel were involved in a variety of professional activities both within the hospital and in the community. Nurses are actively involved in Safety and Health Policy Committees and have upgraded their knowledge and skills in such areas as Eye Trauma Assertiveness, B.L.S., Lifestyle and Psychosocial Problem Management, Lab. Safety, and Ergonomics.

Physician Nadia MacIntosh taught and examined first year Dalhousie Medical students and was an active member of Infection Control and Health Policy Committees and attended Lung Association conferences.

Coordinator Gai Thomas successfully passed the American Board of Occupational Health Nurses certification examinations and attended and presented a total of 15 professional and skills development events on topics from Accident Prevention to Human Sexuality. She also is an active member of seven internal committees.

Several studies have been completed or initiated this year. Dr. MacIntosh and her medical colleagues developed a comprehensive policy on Immunization; Ms. Thomas worked with Personnel and other government and union personnel to develop a hospital policy and program on Alcohol and Drug Dependency Rehabilitation, and has led a research team to survey programs and staffing in Occupational Health and Safety Health Care Institutions across Canada.

DEPARTMENT OF OPHTHALMOLOGY

During the 1980 academic year, both the in-patient and out-patient services of the Department of Ophthalmology were consolidated at the Halifax Infirmary and hence all ophthalmological services, with the exception of consultation services, were terminated at the Victoria General Hospital. The Department at the Halifax Infirmary is the consolidation of previous departments at the Victoria General, Camp Hill Hospital and the Halifax Infirmary. The professor of Ophthalmology, Dr. R.LeBlanc, has his office at the Halifax Infirmary.

An ophthalmic examining room is maintained on 9B for consultations. A senior resident sees the patients initially, and then with the staff person. Ophthalmic surgical capability is maintained, particularly for cases of multiple trauma where the eye is involved.

Dr. Ann Hoskin, a full time Ophthalmologist within the department, has recently joined our staff and is responsible for most of the consultation services in the Victoria General Hospital.

Members of the Ophthalmology Department previously on active staff were changed to consultants, with the exception of Dr. Rafuse and Dr. Hoskin who remain the active staff.

DEPARTMENT OF ORAL SURGERY

Patient Services

	1980-81	1979-80
Patients treated	4,872	5,344
In-patient admissions	185	193
Services rendered	13,799	15,018

Teaching and Education

Dr. B. Draper, Naniamo, B.C. was successful in Part I of the Royal College.

Research

Research was conducted by Dr. B.W. Draper on the use of Anteroposterior Dysplasia Indicator in combined Surgical Orthodontic treatment.

Active Staff

The Active Staff of the Department remained unchanged with four Oral Surgeons. Dr. A.E. Hoffman has taken leave of absence for 1981. Dr. D.B. Stephenson was appointed to the Courtesy Staff in 1980-81.

Staff participated in a number of national and international conferences and workshops.

Projected Plans

No major plans for change are foreseen. At present, Oral Surgery has an

insufficient number of beds. There are 165 patients waiting for admission to hospital, with a waiting time of 17 months.

Auxiliary Staff

Auxiliary staff consists of one Registered Nurse, two Nurses Aides and two secretaries. There is one Clinical Clerk during the three summer months. There is no anticipated change for 1981.

Facility

Capital improvements were made to the area with donations made by Active Staff of $4,483. Space and location of the out-patient facility are both inadequate for the service and the educational role required.

DEPARTMENT OF OTHOLARYNGOLOGY

With re-organization of specialist care in the metro area, recommended by the Department of Health and the Council of Teaching Hospitals, the Department of Otolaryngology vacated the site of in-patient care on Ward 9B in the Centennial Wing, in April 1980. Along with the Department of Ophthalmology, the clinical facility was transferred to the Halifax Infirmary, where more space was available.

Co-operation with other departments of the Victoria General Hospital did not entirely cease; staff of the Department of Otolaryngology continued consultation services and emergency care whenever required. The Speech Pathology, Audiology, Electronystagmography and Treatment Facility still remained on Ward 9B and surgical procedures were still carried out on an out-patient basis, but on a limited scale since in-patient accommodation was no longer available.

OUTPATIENT DEPARTMENT

During this period 16,805 patients made a total of 39,064 visits to the Victoria General Outpatients Department, approximately 13.5 per cent fewer visits than during the previous 12 month period. This reduction in visits can be attributed to the transfer of the Eye and E.N.T. Clinics to the Halifax Infirmary and to a reduction in booked patients in the preparation for the move from the Jubilee and West Annex Building.

DEPARTMENT OF PHARMACEUTICAL SERVICES

During the year ending March 31, 1981, the Department of Pharmaceutical Services initiated a review of all aspects of the department's organization

and functions. The organizational changes will result in the development of distinct, but fully integrated, divisional units. The continued review of the department's functions will emphasize the early resolution of inventory control, drug distribution and manufacturing problems. As these problems are resolved emphasis will be directed to developing clinical services and education, including a drug information service.

Data collected to date with respect to workload volume suggests a staffing complement of between 40 and 55 full time equivalents will be required to adequately provide pharmaceutical services. The department currently has a staff complement of 19.

The organizational and functional re-organization planned for the department is summarized below.

Prescription Services

Responsible for drug distribution to in-patients and out-patients of the hospital, Prescription Services includes ward stock drug distribution, individual in-patient prescriptions, provision of drugs to out-patient clinics and to registered out-patients. The activities of Prescription Services must be closely integrated with the department's Inventory Control and Manufacturing sections.

In-patient prescriptions	105,500
Narcotic and Controlled Drug Issues	14,600
Ward Stock Issues	60,000
Cardiac Arrest Trays services	600
Out-patient prescriptions	12,500

Inventory Control

This section is responsible for maintaining adequate stocks of drugs within the Department; purchased as well as manufactured products.

Manufacturing

This section is responsible for the manufacture of a number of commercially available sterile and non-sterile products at significant savings to the department ($150,000-$170,000) and for a wide range of special products not available elsewhere. In addition, this section provides the services of a trained radiopharmacist to the Department of Diagnostic Radiology.

Non-Sterile products	18,000 units
Sterile Solutions	13,000 units
Prepackaging	10,000 units
Radiopharmaceutical doses	9,000 units

Clinical Services and Education

This section is responsible for the development of a clinical pharmacy service, including drug use review here and selective drug therapy monitoring, coordination of the Pharmacy Residency Program, and development of an inservice educational program. It is currently staffed by a clinical pharmacist with a joint appointment at the College of Pharmacy, Dalhousie University.

Drug Information Services

Responsible for the collection, filing and retrieval of all drug information on products currently used in the hospital, for evaluation of new products and for continued evaluation of the hospital's drug formulary, this section is not currently a distinct functional unit. The Drug Information service is recognized usually as the resource arm of the Pharmacy and Therpaeutics Committee and as the resource centre for in-service and clinical pharmacy programs.

DEPARTMENT OF PSYCHIATRY

There was a slight decline in the number of patients admitted to 9A and in the number of psychiatric emergencies seen in the Emergency Room. The decrease in psychiatric emergencies may be due in part to the use of the Halifax Infirmary for psychiatric emergencies of certain types. The Dalhousie University and Victoria General Hospital Departments of Psychiatry feel that the emergency service at the Victoria General Hospital, which can handle all types of emergencies, is sufficient and saves staff time at all levels. Negotiations are currently under way to settle this issue.

The average length of stay in 9A in 1979 was 29.3 days and in 1980 it was 29.2 days. This could be lowered if conditions were optimal in terms of admitting patients best suited for a general hospital, getting necessary information more rapidly, and making improvements in disposition arrangements.

The Victoria General Hospital Department of Psychiatry, through its representation on the Metropolitan Mental Health Planning Board, continues to take an active role in the planning of mental health facilities for the metro area.

A shortage of senior staff in the Department of Psychiatry continued. Unfortunately, Dr. Charles David, the physician presently in charge of the Psychiatric In-patient Unit, will be reducing the time he spends on the Unit and will resign as Clinical Director. Dr. S. Hirsch will be in charge of the Unit, beginning July 1981.

The active teaching program for undergraduate medical students, clinical clerks, internes and residents continued.

The Consultation-Liaison Service continues to see almost 400 consultations each year from other branches of medicine. Formal liaison services are held weekly with the medical and nursing staff of the MICU, and during this past year weekly liaison meetings were held with staff from the Burn Unit for a six-month period.

The Suicide Research Project of the Halifax County area being carried out by Dr. Hirsch and Mrs. Margaret Wells, R.N., continued with interesting findings and regular publications.

Research studies in the Consultation-Liaison Service continue primarily in two areas: referral patterns of mood disorders -- "true" depressions or not; and a pilot study on the appropriateness of psychiatric referrals from the Emergency Department.

Dr. J.F. Nicholson is Chairman of the Victoria General Hospice. He chairs monthly meetings of the Hospice Centre and has weekly sessions with 5 West, 8 Victoria and SICU.

There have been temporary shortages of nurses on 9A and periods when extra nurses were required -- and not obtained, or obtained with difficulty -- because of severely ill patients, medically and-or psychiatrically.

The severe staff shortage in the Department of Psychology, present for many years, will be relieved partly by the hiring of a psychologist at the doctorate level who, it is planned, will head a new Department of Psychology. More staff will be requested by the new head.

Following the resignation of Joan Curran from the Occupational Therapy Department on 9A in late 1979, Marg Lauriston filled the vacancy temporarily until April 1980 when Nancy Clark joined the Department on a full time basis. A recreational therapist could handle the recreational activities thus freeing the time of both nursing and occupational therapy staff.

Regular Department of Psychiatry meetings, with the taking of detailed minutes, continue to be held monthly in order to improve department functioning and in keeping with accreditation standards.

DEPARTMENT OF RADIATION ONCOLOGY

Until December 31, 1980 there continued to be three Radiation Oncologists in the department: Doctors Cunningham, Wong and Garcia-Nicoletti. D.H. Thompson joined the staff as Head of the department on January 1, 1981.

Although the overall work load is unchanged, the demands on the clinical staff are overwhelming and it is obvious that further additions will be necessary in the near future.

The Nova Scotia Cancer Treatment and Research Foundation has been formed and executive appointments are underway. One of the priorities will be to establish consultative and follow-up clinics in Yarmouth and Sydney which will add to the work load of the central clinic based in the Victoria General Hospital.

Two new megavoltage units have been ordered; a 6 MeV Linear Accelerator and a 25 MeV Linear Accelerator, to be delivered and installed in November, 1982 and February, 1983 respectively. This, of course, will coincide with the completion of the Ambulatory Care Centre where the new clinic will be housed.

The standards of treatment within the department, both technical and professional, are of an extremely high caliber and with the up-dated equipment and the on-going support of the medical staff, the new facilities in the Ambulatory Care Centre and the peripheral extension of service should enable us to provide an excellent service.

Present staffing of the Physics Division is limited considering the work that has to be carried out in Radiology and Nuclear Medicine and future plans will include addition of at least one Radiation Physicist.

Statistics

New Patients Registered	988
Charts Update (Pre-1970 Patients)	10
	998
Outpatients reviewed, not treated	987
No. of Patients starting Cobalt|X-Ray Treatment:	

	New	Return
Malignant	659	354
Benign	10	5
	669	359

No. New and Return Starting Treatment	1,028
No. of Patient Treatment Visits	12,630
No. of Cobalt and X-Ray Treatments	26,063

Breakdown of All Treatments Given by Department

Cobalt Treatments	25,276
X-Ray Treatments	787
Cesium Insertions	86
Cesium Implants	4
Gold Seed Implants	23
I-125 Seed Implants	4
Strontium-90 Treatments	25
Chromic Phosphate	2
I-131 Therapy Treatments	72
Chemotherapy Treatments	145

DEPARTMENT OF SOCIAL SERVICES

Present staff consists of eight social workers and five social service technicians.

The department directs the major portion of its time in provision of social service activities to persons using the facilities of the Victoria General Hospital. This is done by:

- working with patients and family members to understand and accept the illness and-or residual disability;
- counselling the patient-family with problems precipitated by the illness and its treatment; and
- assisting the patient to utilize medical care to the optimum to achieve maximum recovery.

As well, consultation with members of the health care team (doctors, nurses, physiotherapists) to broaden their understanding of the social, economic and cultural components impinging on the patient and family is a major role for the staff.

Concomitant with this, the staff of Social Services encourages effective use of hospital beds for the acutely ill through utilization of community support services when hospital care is no longer needed medically.

During the year meetings were held with other departments to interpret the services being delivered to patients and to participate in the planning of new programs within the hospital. Of note, there are three areas where additional services have been requested: Psychiatry, Renal Service and Gynaecology Oncology. Three social work staff (MSW) were requested in the 1981-82 budget to meet these additional needs. No decision has been taken yet on this.

In addition to direct patient services, the Social Service Department continues to be involved in education for both patients and members of the health care team.

Community Activity

This included consultations to professional persons and-or agencies in the community, attendance at Health-Welfare Board and Committees and meetings with community support services to plan new strategies for meeting unmet socio-medical needs.

Quality Assurance

We have now completed fiscal years 1979-81 using our coded data reporting system. It has proven helpful, as was anticipated, in measuring the delivery of social work services. A base measurement has been established to determine what is happening in a program being developed and what should be happening in terms of standards, short and long term department goals. During this year the staff members have participated in a peer review program. At present, new protocols for the peer review process are being developed.

Statistics

	Annual-Average-Month
No. Social Workers involved with Administration	2
No. Social Workers involved with Service	11.8
No. Patients Serviced	517
Caseload-Social Worker	44

STERILE SUPPLY SERVICES

Approved department personnel numbered 49.

Orientation tours, conducted by the department, were attended by:

Registered Nurses	279
C.N.A.'s	46
Ward Aides	30
Ward Clerks	16
Nursing Assistants	2
Nursing Students (Summer)	29

Tours were also conducted for Pharmacy interns, student X-Ray Technicians, C.N.A. students, and Occupational Therapy students.

The "on-the-job Training Program for C.S.R. Aides" continued. A great deal of work has been done to organize a formal training program for Central Service Personnel throughout the province. It is hoped that this goal may be accomplished this year.

Christena Young, R.N., Supervisor, attended the American Sterilizer Company five-day Educational Seminar for Central Service and Operating Room Supervisors, held in Erie, Pennsylvania. She also attended courses in Business Management and Accounting at Saint Mary's University during the winter.

The statistical report of totals of supplies issued from Sterile Supply Service are as follows:

Total Number of Orthopaedic Supplies	3,208
Total Number of Sterile Dressings, Needles, Sutures, Catheters, Syringes	168,908
Total Number of Solutions	188,747
Total Number of O.R. Linen	831,749
Total Number of Trays	149,221
Additional Number of Trays on loan to other Hospitals	80
Total Number of Units Issued	1,341,913
Total Number of Steam Sterilizer Loads	14,628
Total Number of ETO Gas Sterilizer Loads	359
Total Number of Sterilizer Loads	14,987
Number of Loads in Gas Aerator	359

Number of Cylinders of ETO Gas Used	41
Number of Loads Sterilized in Hot Air Oven	87
Number of Loads in Utensil Washer	10,162
Total Number of Telephone Calls for Service	40,889
Average Calls Per Day	112

DEPARTMENT OF SURGERY

The past year continued to be busy, with the usual requirement for additional beds. However, the availability of beds in the Point Pleasant Lodge alleviated this continuing pressure to some extent. There are still long waiting lists for patients in cardiovascular surgery, plastic and rehabilitation surgery, and orthopaedic surgery. This problem will continue probably because this hospital is the main centre in Nova Scotia for these specialties. In addition, our department is responsible for much of the community care for the metro district of Halifax and Dartmouth, together with other local communities.

The Combined Transplant Unit was opened on 8 North and has been functioning efficiently. We are looking forward to expanding our work in transplantation to other solid organs in the near future.

A surgical endoscopic room has been opened on the 10th floor, where the majority of routine gastroscopic and colonoscopy examinations are carried out. This helps considerably in freeing additional time in the main operating room suite.

The planning of the new Ambulatory Care and Oncology Centre has occupied considerable time of members of the department. The planning of cooperative aspects between the Victoria General Hospital and the proposed New Camp Hill has also occupied a great deal of time of departmental members.

Members of the department have been involved in a number of hospital committees, notably Dr. Myrden, who was president of the medical staff until June 1980 and, as past president, became a member of the executive committee.

A number of new research projects have been instituted, and Dr. Steve Norvell has been involved in setting up and organizing a computer centre and computer terminals for the more efficient programing of such research projects.

During the past year Dr. James Parrott, of the cardiovascular surgical division, resigned to go to Winnipeg to head the Department of Cardiac

Surgery at the University Hospital. New additions in cardiac surgery are Dr. John Sullivan and Dr. Rod Landymore.

Dr. H.L. Stewart died after a long illness. Dr. Stewart had been a member of the surgical staff for many years and was a productive and active member in both clinical fields and in teaching.

During the years, the Department of Surgery produced numerous research projects, publications and presentations.

V.O.N. LIAISON PROGRAM

The past year has been one of increased demand for continuing care to patients being discharged from the Victoria General Hospital.

There has been a 31 per cent increase in the number of patients referred to community nurses in the 1980-81 year. This has been achieved through greater awareness of the referral program as well an increased need and greater public demand.

In-services were held with head nurses and assistant directors throughout the year and weekly meetings held with Donzella Bruneau regarding discharge planning.

The Liaison Nurse is a member of the Gynaecology-Oncology team, seeing and referring the majority of patients for follow-up at home.

A new program was started in November, 1981, whereby most new myocaridal infarction patients are visited by the community nurse within the first two or three days following discharge. This has brought the kinds of patients automatically assessed and generally referred to a total of four; the others being open-heart surgery patients, those with new pacemakers, and Gynaecology-Oncology patients.

In the future the service undoubtedly will continue to expand in an effort to utilize, more fully, community nurses and other resources available in the home environment.

VOLUNTEER SERVICES

Volunteer Services are aware especially of patients who require longer hospitalization and endeavor to provide individual attention to their on-going non-medical needs. For patients and family staying at Point Pleasant Lodge we have expanded service to provide a resource and referral centre

for those not familiar with the city and its facilities. We supply reading material for patient enjoyment at the Lodge.

Volunteers support physiotherapy out-patients and patients on orthopaedic wards.

Occupational Therapy volunteers have contributed many hours as support persons in clinics and on the floors as requested. University students, who hope to study in the above fields, are utilized in these areas.

Diversional Activity volunteers fill special requests in areas such as the Burn Unit, Neurosurgery and Orthopaedic Wards, and for long term patients on all floors. Staff referrals have increased over the past year. Work is underway to accomplish specialized activities on 8 Victoria.

Over 800 donated items of clean, ready-to-wear clothing were distributed to needy patients through referrals from nurses on the floors, Social Services and Emergency.

Thousands of books and magazines are collected by volunteers and distributed to patients, solaria, out-patient and clinic waiting rooms. It is hoped that space will be made available for a small patient library.

Refurnished and updating of the Patient Solaria is being discussed by the Aesthetics Committee and hopefully action for new furniture, etc., will be forthcoming.

The Supervisor has attended monthly meetings of the Halifax-Dartmouth Association of Volunteer Directors and the Nova Scotia Association of Volunteer Directors in Health Care, which meet five times annually for exchanges of ideas, goal setting seminars, workshops, etc. The Nova Scotia Association of Health Organizations participated on a panel to discuss insurance for volunteers.

A National Conference as part C.H.A. was held in June in Winnipeg, where the Association of Volunteer Directors in Health Care became a National Organization. The Organization will unite those directing volunteer services in Health Care, promote educational programs and research, and provide an opportunity to share and enlarge information and expertise. It will develop professional standards and policies fo the administration of Volunteer Services in Health Care on a national level.

Regular services

Patient Care -- Assistance in Physiotherapy and Out-patient Clinics and

Ward Help when needed to feed patients; ongoing care escorts for patients on Out-patient Services; and resource and referral Services (non-medical).

Patient Services -- Shopping, banking, tutoring, interpreters, specialized visiting on one-to-one basis. Diversional and recreational activities. Supplies from Halifax Public Library, Municipal Library for talking books, tape recorders. Distribution of New Testaments to bedside tables, supplied by Gideons semi-annually.

Assistance In -- Accompanying patients to airport and bus terminals, train stations, Brace Centre, Optometrists, etc. Porter escort service, out-patient clinics, special projects and clerical aid with inservice, continued involvement with the Halifax-Dartmouth work-study program.

Tours -- For out of town persons, long term anniversary graduates, university students in the medical field, students in medical secretarial schools etc.

ANALYSIS OF HOSPITAL SERVICES
April 1-80 - March 31-81

Service	Male	Female	Total	Total Deaths*	Death Rate	No. of Autopsy Autopsies	Autopsy Rate	Patients Receiving Consults	Consult Rate	Total Days	Avg. Days Stay
Medicine	2,822	2,326	5,148	331	6.4	111	33.5	1,695	32.9	71,246	8.7
Transplant	40	22	62	1	1.6	-	-	2 3	37.1	682	11.0
Radiotherapy (Oncology)	125	84	209	5	2.4	1	20.0	55	26.3	2,948	14.1
Psychiatry	99	229	328	1	.3	1	100.0	112	34.1	9,631	29.4
General Courtesy Surgery	36	42	78	1	1.3	-	-	-	-	773	9.9
Surgery A-D Incl.	1,831	2,138	3,969	193	4.8	34	16.6	1,008	25.4	50,071	12.6
Anesthesiology	1	1	2	-	-	-	-	-	-	2	1.0
Cardiovascular Surgery	717	316	1,033	51	4.9	13	25.5	183	17.7	14,556	14.1
Orthopedics	977	921	1,898	12	.6	3	25.0	292	15.4	22,310	11.8
Plastic Surgery	445	336	781	4	.5	-	-	143	18.3	10,342	13.2
Urology	1,234	332	1,566	14	.9	2	14.3	435	27.8	16,892	10.8
Neurosurgery	930	601	1,531	82	5.4	28	34.2	511	33.4	20,937	13.7
Oral Surgery	71	124	195	-	-	-	-	13	6.7	832	4.3
Otorhinolaryngology	42	16	58	1	1.7	-	-	26	44.8	1,079	18.6
Opthamology	33	57	90	-	-	-	-	25	27.8	401	4.5
Gynecology	-	2,103	2,103	16	1.8	2	12.5	257	12.2	14,260	6.8
Newborn	-	-	-	-	-	-	-	-	-	236,962	12.4

* Of these 712 deaths, 107 deaths were within 2 days stay in Hospital.

Prepared by: Medical Records Department

Source: PAS Monthly and Semi-Annual Activity Reports Summary by Hospital Service, 1980-1981.